



Travel as a teaching and learning tool

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Abstract Throughout history, physicians have traveled extensively to acquire new knowledge or to learn the latest therapeutic techniques from colleagues and academicians. This “wanderlust” persists in many who want to understand the world around them and learn from others, physicians or nonphysicians. Before the era of instantaneous online telecommunication, dermatologists would enhance their education by traveling abroad to learn from world-renowned experts in Europe and elsewhere and return with a treasure trove of knowledge and new skills. With the Internet, webinars, and teledermatology, the attraction for travel has diminished, mainly due to our ever-increasing demanding world of obligations; however, face-to-face interaction with colleagues of a different culture and educational background still has an inexorable educational value. To facilitate such endeavors, many insightful educators have taken the opportunity to establish several international societies and academies, where on-site educational activities can take place. Currently, a few of the more active and popular dermatologic organizations that are conducting meetings around the world are the International League of Dermatologic Societies; International Society of Dermatology; North American Clinical Dermatologic Society; International Society of Dermatologic Surgery; International Academy of Cosmetic Dermatology; and European Society of Cosmetic and Aesthetic Dermatology, all of which exemplify “travel as a teaching tool.”

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In the beginning

Continuing education and training have always been required to maintain job status and foster advancement potential, regardless of job description, career choice, or professional discipline. For physicians, teaching and constant learning are hallmarks of the profession. With the advent of cybertechnology, will traveling to distant and foreign locations become unnecessary to learn the most up-to-date information and techniques in the future? Let us consider this conundrum by focusing only on dermatology and how the specialty has

evolved over the past 150 years, and how it established its importance as an essential discipline among medical specialties.

Medical travel in the past

The lure of travel and the exigency of learning from the “masters” can be traced back to as early as the third century BCE, where in Athens, Greece, Aristotle practiced his renowned tradition of peripatetic teaching to anyone who would listen. Privileged students of all ages and from all walks of life, including his most famous student Alexander the Great, would come from all over the ancient world to hear and learn from the “roaming” sage of the Lyceum in Macedonia. This tradition and even compulsion to venture beyond one’s local

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environment to seek out the opinion of *cognoscenti*, recognized experts in a field of knowledge, has continued.

In medicine, there has always existed a customary practice of motivated physicians to travel to seek advice and instruction from “the masters.” During the latter part of the 18th and the 19th centuries, this desire to learn by traveling was exemplified by those postgraduate and practicing physicians who traveled to Europe to study under the masters. As the practice of medicine and the interests of some physicians became more focused on the diagnosis and treatment of skin diseases in the 1800s, medical tours to Paris, London, and Vienna were essential for those wishing to enhance their medical knowledge.

Long-distance travel in Europe, before the introduction of the steam locomotive in 1835, was obviously arduous, whether by carriage or canal boats. The opening of the first international rail line connecting Brussels with Cologne in 1843 was a milestone. It would be well over a century before the opening of the Chunnel for direct train travel between England and the continent would occur.¹ Trans-Atlantic travel to and from the Americas was possible only by large sailing ships, and after the 1830s also by steamships.

Dermatology as a specialty: Eighteenth and nineteenth century

As an understanding of skin diseases evolved, there developed in Europe in the late 1700s into the 1800s divergent and distinct philosophic viewpoints of disease classification, which consequently influenced the identification of skin disorders and their treatment. These disparate approaches to disease recognition and management were often hindered by delayed means of scientific communication, which contributed to separate, and often rival, schools of dermatologic thinking; Joseph Plenck (1738?-1807) in Vienna, Robert Willan (1751-1812) in London, and Jean Alibert (1768-1837) in Paris, ultimately lead the German (Viennese), English, and French schools of dermatology.²⁻⁴

The beginnings may be attributed to the writings of Plenck, a general physician in Vienna, Austria, who parted with existing beliefs and proposed a new concept for the classification of skin diseases according to a Linnaean system. In 1776, Plenck published in Latin *Doctrina de morbis cutaneis* (Teachings on the diseases of the skin),⁵ being the first attempt to classify skin diseases into categories on the basis of clinical appearance. He divided the acknowledged 115 varieties of skin disorders into 14 classes, attempting to simplify a much too complicated and voluminous mixture of incompatible terms. Plenck’s first 10 classes were based on the morphology of the characteristic lesions, but the next 2 classes, wounds and insect bites, were based on etiology, and the last 2 classes, diseases of the nails and hair, were based on anatomy. Plenck’s *Doctrina* established him as the founder of the modern classification of skin diseases and the first to develop a practical system of dermatologic terminology.^{6,7} This would be necessary if some order were to be made of the existing confusion.

The beginnings of dermatology as a specialty may be considered to have occurred in France in 1801, when Alibert was appointed chief of l’Hôpital Saint-Louis, at that time the only hospital in the world officially designated for the treatment of skin diseases. l’Hôpital Saint-Louis, founded by King Henry IV in 1607, is the second oldest hospital in Paris. By the turn of the 19th century, the hospital had approximately 1100 beds, 700 of which were reserved for patients with scabies. Alibert, at l’Hôpital St. Louis, was the first to establish a teaching clinic for skin diseases where patients would be on display *en plein aire* under the linden trees for him to instruct visiting medical students and physicians on the diagnosis and treatment of skin diseases. To illustrate his approach to skin diseases, Alibert organized in Linnaean fashion different skin disorders as being interrelated to each other like branches and twigs that emanate from the trunk of a tree, that is, Alibert’s “Arbre des Dermatoses.” His magnificently illustrated, grandiose folio *Description des maladies de la peau* (Description of the diseases of the skin), first appeared in 1806 as the first book on dermatology written in French.⁸⁻¹¹

In London, Robert Willan (1757-1812) had modified Joseph Plenck’s classification of cutaneous diseases, based on Galenic principles and the clinical morphology of their presenting lesions. Willan, observing patients coming to the Carey Street Dispensary, created his own classification of skin diseases, a significant contribution. He recycled 6 of Plenck’s 14 classes of skin lesions to identify 8 *elementary* morphologically distinct lesions of his own. His concepts were codified in 1808, when he published *On Cutaneous Diseases*, introducing the idea of primary skin lesions to identify various classes of skin diseases, according to the morphology of their presenting primary lesion.^{12,13} This was in direct contradiction to Alibert’s *natural nosology* of skin diseases, which classified skin disorders according to their presumed etiologic shared signs and clinical manifestations. All skin diseases were considered outward manifestations of internal illnesses.

With these fundamentally conflicting British and French approaches to skin disease, opposing factions quickly appeared. The Willanites and the followers of Alibert made for interesting conflicts with keen rivalry between l’Hôpital Saint-Louis and the London dispensaries. Students from America and the Continent could choose which schools they would attend to learn about cutaneous maladies.

When King Louis XVIII returned from exile in England to the French throne after the death of Napoleon in 1814, he soon appointed the now internationally famous dermatologist Alibert to be his “First Physician in Ordinary.” In Alibert’s absence, Laurent Biett (1781-1840), his trusted protégé, traveled to London in 1816, where he was introduced firsthand to the teachings of Willan and his disciple Thomas Bateman (1778-1821). On his return to Paris, Biett introduced Willan’s approach to skin disease to his former pupils and contemporaries, and they became known as the “French Willanists,” who were in direct opposition to the ideas of Alibert and his followers. Much debate would occur as to whether the followers of Alibert or those of Willan were

correct. In such diverse teaching environments, many physicians would find it very educational and even entertaining to visit the various private and public clinics directed by the preeminent dermatologists who approached the diagnosis and treatment of skin disease in one way or another. Paris had become the preeminent center to learn about skin disease, in part because, in Paris, there was a single teaching hospital, l'Hôpital Saint-Louis, as opposed to the many dispensaries in London. The pioneer American dermatologists, Henry Daggett Bulkley (1804-1872) and Noah Worcester (1812-1847), visited the French School of Clinical Medicine¹⁴ and were among the many American physicians studying in Paris.

The German-speaking cities would develop skin clinics by the middle of the 19th century,¹⁵ with different hospitals establishing dermatologic and venereal wards: Munich in 1832, Vienna in 1839, Würzburg 1849, and Berlin in 1853. The premier center for studying cutaneous maladies would develop at the Vienna Allgemeines Krankenhaus (General Hospital), where there were two separate departments, one for venereal diseases, beginning in 1839 under Karl Ludwig Sigmund (1810-1883), and then in 1845, another for skin diseases under Ferdinand von Hebra (1816-1880).

By the middle of the 1800s, the predominance of the French and English schools of dermatology would be challenged by the scientific approach of the various German centers. The key to their success proved to be the microscope: Johann Lucas Schoenlein (1793-1864) in 1839 discovered the fungal origin of favus, and in 1841 Jacob Henle (1809-1885) discovered *Demodex folliculorum*. Karl Ferdinand Eichstedt (1816-1892) in 1846 identified the cause of tinea versicolor, and Friedrich Wilhelm Felix von Baerensprung (1822-1864) in 1862 coined the term *erythrasma*, identifying the causative organism *Microsporon minutissimum*. In addition to these and many other milestones in disclosing the etiology of cutaneous disease, Conrad Heinrich Fuchs (1803-1855), pupil of Schoenlein, published a three-volume work from 1840 to 1841 entitled *Die krankhaften Veraenderungen der Haut* (Pathologic alterations of the skin), the first book on skin diseases written in German. Subsequently, in 1848 Gustav Simon (1824-1876) published in German the first textbook of dermatopathology, *Die Hautkrankheiten durch anatomische Untersuchungen erlaeutert* (Skin diseases explained by anatomical investigations), describing in detail his microscopic studies of the anatomy and pathology of the skin.¹⁶

It was during these exciting and enlightened times that dermatology became recognized as a specialty of medicine in Central Europe, thanks to the persistent efforts and accomplishments of many German and Austrian physicians, but especially Hebra in Vienna. By 1849, he was elevated to professor of (just) dermatology (the only one in the world at the time) and chief of the second university department at the Allgemeines Krankenhaus (Vienna General Hospital). Hebra emphasized that skin disease did not reflect isolated findings on the surface, which was much in vogue at the time.^{17,18} With his landmark publications, Hebra reclassified the gamut of skin diseases using the best of the British and French

macropathology approaches while incorporating micropathology (histopathology) as justification for their identity.^{19,20} For the first time, the primary and secondary skin lesions were separated and accurately defined. Attention to the distribution of lesions was also considered for the first time in the diagnosis of a skin eruption, all presented with clarity and common sense.²¹ His *Atlas der Hautkrankheiten* (Atlas of skin diseases) was published in 10 separate issues during a period of 20 years from 1856 to 1876 and contained a total of 104 extraordinary, folio-sized, chromolithographic plates accompanied by 174 pages of explanatory text—a masterpiece of Viennese medical illustration.²² Hebra, in particular, laid the ground work for experimental dermatology with his experiments of the topical application of croton oil to induce an eczematous dermatitis. Consequently, Vienna became the preeminent teaching center for dermatology in Europe in the mid-19th century, visited by students and prominent physicians from everywhere, many of whom became famous leaders in dermatology back in their home countries.

After the Civil War (1861-1865) in the United States, there was a resurgence of travel to Europe to enhance one's medical knowledge, so much so that Paul Gerson Unna (1850-1929) of Hamburg would later refer to these postgraduate students as the *Amerikanische Wandervoegel* (American migratory birds).²³ Among the American students were James Clarke White (1833-1916), who had graduated from the medical school of Harvard in 1856, traveled to Vienna to augment his medical education, and remained there from 1856 to 1857. In 1860, he and B. Joy Jeffries (1833-1915) opened Boston's Dispensary for Skin Diseases, the first of its kind in Boston. In 1871, White became the first professor of dermatology in the United States.

Louis Adolphus Duhring (1845-1913), pathfinder for American dermatology, graduated from the University of Pennsylvania in 1867. After an internship at Blockley (Philadelphia General Hospital), he spent 2 years in Berlin, Vienna, Paris, and London, pursuing a “grand tour” of the preeminent centers to study skin diseases with the then giants of dermatology. On his return to Philadelphia in 1870, he founded the Philadelphia Dispensary for Skin Diseases with Athur Van Harlingen (1845-1936). In 1875, he became the first professor of dermatology at the University of Pennsylvania.

Another alumnus of the Grand Tour was George Henry Fox (1846-1937), an 1867 graduate of the University of Pennsylvania, who then interned at Blockley in 1869. He also made the grand tour of the dermatology meccas over a 2-year period visiting centers in Vienna, Paris, and London. He then moved to New York, where he had a distinguished career as the Clinical Professor of Dermatology at Columbia University College of Physicians and Surgeons.

Travel alternatives

Travel to distant locations for a Grand Tour of what was happening at different centers in Europe was only available to a select few. It was more accessible to those who lived in

Europe to travel from one center to the next, but for those dermatologists from the Western Hemisphere, travel to Europe for extended periods of time to become ensconced in the activities of the various centers of dermatology was virtually impossible, particularly for the average clinician. What better way to keep up with the developments in dermatology than to read the professional literature; however, availability and expense of what was in print was always a consideration and sometimes a deterrent, especially for those early would-be dermatologists in America. Whenever possible, American physicians interested in skin diseases might have been able to acquire a text, sometimes in the original language, or when an English translation became available.

International congresses

The first International *Medical* Congress was held in 1867 in Paris, August 16 to 28, which coincided with the Paris Exhibition.²⁴ There were 62 attendees from the United States and 7 from Canada. Of the 333 “founder” members, all were Frenchmen, and there were 300 student tickets issued. At times, there were over 1500 attendees crowding into the amphitheater of the School of Medicine according to one report.²⁵ A good number of the presentations given were related to various skin diseases, including syphilis and tuberculosis, delivered by would-be and future dermatologists.

Scientific knowledge was rapidly progressing during the second half of the 19th century. Discoveries by Louis Pasteur (1822-1895) and Robert Koch (1843-1910) in bacteriology and mycology proved that it was possible to determine the causes of some diseases. The description and cataloging of gross human anatomy by Carl Rokitansky (1804-1878) and of cutaneous anatomy by Hebra brought new dimensions to the study of cutaneous pathology. The last decades of the 19th century proved to be particularly important for dermatology and syphilology. New diseases were being described, and in developed countries, dermatologic periodicals were launched and dermatologic societies founded. It was only a matter of time before medical and surgical physicians interested mostly in cutaneous pathology would want to assemble experts of similar interests from far and wide to discuss and learn how they identified and treated skin disease. No longer would it be mandatory to travel abroad and remain away from one's home base for extended periods of time to learn about specific developments and to develop additional expertise in diagnosing and treating skin diseases. The coming together in one location to hear and learn from the world's experts would soon become relatively practical for many who could afford it.

During the latter half of the 19th century, a Universal Exhibition was held in Paris about every 10 years. In 1889, the Third French Republic wanted to celebrate the centennial anniversary of the French Revolution with a Universal Exhibition, to be held between May and October. It attracted 28 million visitors; however, the 1889 Exhibition was to be particularly exceptional due to recently developed new technologies such as electricity. Of the numerous structures that were built on the banks of the Seine

especially for this exhibition, the most famous was the “three-hundred-meter tower” created by Gustave Eiffel (1832-1923). Different international congresses were organized as an integral part of the Universal Exhibition. The International Congresses, under the auspices of the Universal Exhibition, were to be held in the Trocadero halls.

The Parisian dermatologists had a better idea for their International Congress. The leaders of French dermatology decided to organize for the first time an international meeting in Paris in which their colleagues from all over the developed world could now convene and discuss the main scientific concerns of their specialty. This assembly of experts was realized in the form of the first World Congress of *Dermatology* on August 5 to 10, 1889. It provided an opportunity for dermatologists from around the world to come together and share their clinical experiences and scientific advances on both a professional and personal level.²⁵ It also gave them an opportunity to showcase their new Dermatology Museum, which was built in l'Hôpital Saint-Louis between 1882 and 1885.²⁶ The dermatologists convened in the main room of the spectacular Musée des Moulages de l'Hôpital Saint-Louis, surrounded by thousands of wax reproductions of cutaneous pathology created by Jules Barretta (1834-1923). Wax moulages were the best way to demonstrate pathologic changes of human anatomy and instruct students and other physicians on the multitude of commonly and rarely encountered skin diseases at the time. The official dedication of this museum took place during this First World Congress, where 210 dermatologists from 29 countries attended the meeting: 78 French, 14 American, 14 Italian, 13 British, 12 Turkish, 10 Spanish, 10 Austrian, and 9 Russian. Only one German dermatologist was present, Paul-Gerson Unna from Hamburg. One might speculate that the virtual complete absence of German dermatologists was probably due to the political hostility between France and Germany following the Franco-Prussian War (1870-1871).

Philippe Ricord (1800-1889), born in Baltimore, was chosen as Honorary President of the World Congress. He was universally known for his works in syphilology, but he was by profession a surgical urologist and former student of Guillaume Dupuyten (1777-1835); Alfred Hardy (1811-1893), born in Paris and a former internist and staunch supporter of Alibert, was appointed as the president of the congress, and unlike Ricord, he was a committed dermatologist by profession. At the conclusion of the Congress, the attendees decided that in the future an International Congress of Dermatology and Syphilology should be held every 3 years.²⁷

As expected and in the fine traditions of what was dermatology at the time, the next congresses met in Vienna (1892), London (1896), again in Paris (1900), and Berlin (1904). By the Berlin Congress, there was a growing consensus by the dermatologists present concerning the importance of establishing lasting international cooperation within the field of dermatology. Additional International World Congresses took place in New York in 1907, and then in Rome in 1911. With the onset of World War I, the next scheduled International World Congress had to be indefinitely suspended until 1930, when

the 8th World Congress took place in Copenhagen, where there were 1000 attendees from 42 countries in attendance. The International League of Dermatological Societies (ILDS) was proposed and approved at the 9th ICD in 1935 in Budapest. The original purpose of this league or confederation of dermatologic societies was to ensure the sustainability of the World Congresses of Dermatology for the future.²⁷ The ILDS has continued to flourish since then and has expanded its objectives as follows: (1) to stimulate on a global basis the cooperation of societies of dermatology and societies interested in cutaneous medicine and biology; (2) to promote personal and professional relations amongst dermatologists from around the world; (3) to organize a World Congress of Dermatology every four years; (4) to represent dermatology in international health organizations; and (5) to encourage the worldwide advancement of dermatological education, care, and science through the auspices of the International Foundation of Dermatology.

In 1992, the name of the “International Congress” was changed to the “World Congress of Dermatology” (WCD). Originally, the world congresses were intended to take place every 3 years, but the interval was later changed to every 5 years, and is now reduced to every 4 years, which started with the Seoul WCD in 2011. Dermatologists from around the world now have an opportunity every 4 years to travel to a specific location for a limited amount of time to share their clinical expertise and scientific advances on both a professional and personal level.²⁸ In addition, these meetings offer unforgettable social events for dermatologists, medical practitioners, academicians, and laboratory scientists while they assemble to experience dermatology in its entirety.

Dermatology societies

The first dermatologic organization in the United States is the New York Dermatological Society founded in 1869, whereas the oldest national society is the American Dermatological Association founded in 1876. Most of the other municipal, state, and regional societies in the United States were created at the beginning of the 20th century (eg, the Chicago Dermatological Society founded in 1901, the New England Dermatological Society founded in 1915, and the Dermatologic Society of Greater New York founded in 1924). In Europe, national societies were being created after 1885: Russian Society of Syphilology and Dermatology (1885 in St. Petersburg); Società Italiana di Dermatologia e Sifilografia (1885 in Perugia); Deutsche Dermatologische Gesellschaft (1889 in Prague); Société Française de Dermatologie et de Syphiligraphie (1889 in conjunction with the First World Congress in Paris, 1889); Österreichische (Wiener) Gesellschaft für Dermatologie und Venereologie (1890); Dutch Society for Dermatology and Venereology (1896); Danish Dermatological Society (1899). With the advent of such groups and their congresses, dermatologists now had greater opportunity to meet with their colleagues and to exchange ideas.

Dermatology periodicals

Periodicals primarily dedicated to dermatology began to appear during the second half of the 19th century. Not everyone in America was able to acquire them in English and in a timely fashion. This was yet another reason why it was imperative to travel to Europe where all the advanced clinical and scientific activity was occurring in dermatology. Some of the earliest journals dedicated primarily to cutaneous pathology were the *Annales des Maladies de la Peau* (in French, Paris 1844-1851/52) and the *Giornale Italiano delle malattie veneree e malattie della pelle* (in Italian, 1866 to today), which is the oldest journal of dermatology still currently in publication. The oldest journal currently in publication with the same title unchanged since its inception is the *Annales de dermatologie et de syphiligraphie* (in French, 1869 to present). The original *Archiv für Dermatologie und Syphilis* is currently the *Archives of Dermatological Research* (originally printed in German, now printed in English, 1869 to present [in the 1870s called “Vierteljahresschrift,” ie, Quarterly]). English publications include the *Journal of Cutaneous Medicine* (in English, London, 1867-1870) and the *British Journal of Dermatology* (in English, 1888-present). The earliest American publication was the *American Journal of Syphilography and Dermatology* (in English, 1870-1874). The oldest extant journal from the United States was known as the *Journal of Cutaneous and Venereal Diseases*, plus various other titles, continued by members of the American Dermatological Association and then sold to the American Medical Association (English, 1882 to today as *JAMA Dermatology*).^{29,30}

Twentieth-century dermatology

At the turn of the 20th century, keeping abreast of what was occurring in the world of dermatology by subscribing to current specialty journals was still difficult, because international communication was limited by technological capabilities, and travel to distant locations was still expensive and burdensome. During World War I, travel across the Atlantic became dangerous, and so the expeditions to dermatologic meccas temporarily ceased. After the Great War, visits to world-class teaching centers in Europe continued until the late 1930s. With the changing political climate in Europe at the time, the trans-Atlantic migration reversed direction and many of the brilliant minds of Europe came to America to seek asylum and work in the United States. With the influx of European expertise into the United States, American university centers soon became the surrogate teaching centers for many medical and surgical specialties. Gradually, much of the specialized research and teaching was assumed by the most capable of its immigrants. As the cloud of reparation and recovery from World War II settled over Europe in the late 1940s and 1950s, an attitude of isolationism was reinforced in many Americans, who no longer felt the need to travel to foreign countries to learn.

Many physicians from war-torn countries in Europe believed that there needed to be a certain amount of domestic rebuilding of the basics before any innovative activity could be attempted; however, the lure of travel and learning was eventually rekindled worldwide, and especially for dermatologists in the United States, in spite of the fact that long-distance travel was still demanding and for the most part inconvenient and time-consuming in the 1950s and 1960s. Regular commercial transatlantic passenger service was about to begin in 1939 with Pan American Airlines, but due to World War II, the first truly commercial trans-Atlantic flights did not begin on a regular basis until 1958 when Pan American initiated its New York to London flights with the Boeing 707. Gradually, air travel became more accessible to those who had the inclination to do so and who could afford it.

International Society of Dermatology

Attendance at local, regional, and national society meetings, especially in the United States, was adequate for most dermatologists, but for some there was still something lacking. Aldo Castellani (born in Italy, 1877-1971), a trained specialist in dermatology, had a special interest in tropical dermatologic diseases and was a veteran of international medicine.³¹ Castellani first conceived the idea of establishing an international society of doctors interested in tropical dermatology in 1929 while still working at the London School of Hygiene and Tropical Medicine. At that time, he was discouraged by some of his colleagues, who ridiculed the idea. In spite of this, Castellani never forgot his desire to establish an international society where dermatologists from around the world could convene and discuss tropical diseases.

In 1939, he presented his organizational plans to Henri Gougerot (1881-1955) in Paris, who was very enthusiastic about the idea and immediately began to organize with Castellani requirements for such an international society, with himself (Gougerot) as its first president. Unfortunately, a few months later international political conflicts flared, which sparked the eruption of World War II. Again, Castellani was forced to set aside his dream of creating an international society for dermatologic tropical diseases. Then, in 1954, at a meeting of the International Congress of Tropical Medicine and Malaria in Lisbon, Portugal, he renewed his acquaintance with a former student Frederick Reiss (1891-1981) from Hungary, who shared a similar dream of creating an international organization dedicated to the study of tropical dermatology. Reiss spent the next 6 years tirelessly recruiting leaders not only in dermatology, but also in mycology, leprology, and other fields of tropical medicine to join him and Castellani in their efforts to form such a society.

In January 1960, the first organizational meeting of "The International Society of Tropical Dermatology" was held at the New York Academy of Medicine. The constitution of the society was drawn up and officers were elected. The motto of the Society was, "Congregat ut Vincat Invidi Morbi

Sagittas" (Gather to Conquer the Hateful Arrows of Disease). Dues were set at \$5 annually! Castellani became the first president and Reiss the secretary general. On May 10, 1960, the inaugural meeting of The International Society of Tropical Dermatology was held in New York City at the Rockefeller Research Institute (now Rockefeller University). There were 1300 charter members representing more than 50 countries. At that meeting it was decided to hold a "World Congress" every 5 years in addition to regularly scheduled regional symposia throughout the year. This created a need for an official bulletin for the society, which prompted the establishment of a quarterly journal entitled *Dermatologia Tropica*. It became the official publication of the Society and was first published in April 1962 with Vincent J. Derbes (1912-1991) of Tulane University in New Orleans as its editor. This journal was later increased to 10 issues yearly and was renamed in 1970 the *International Journal of Dermatology (IJD)*. Currently, the *IJD* is published monthly. In 1984, at the V International Congress in Mexico City the name of the Society was changed to the "International Society of Dermatology Tropical Geographic and Ecologic," and later at the VIII International Congress in Cairo in 1999 the name was changed to simply "The International Society of Dermatology." When the ILDS changed the name of their "International Congress" to the "World Congress of Dermatology" (WCD) in 1992, the ISD changed the name of their "World Congress" to the "International Congress of Dermatology" (ICD). Currently, the WCD is held every 4 years and the ICD is held every 5 years.

North American Clinical Dermatologic Society

The establishment of a US-based international society of dermatology seemed to be an indication of a resurgence of US dermatologists' interest in the state of dermatologic advances internationally. Soon, other societies appeared in the United States that enabled their member dermatologists to visit different parts of the world not only to teach but also to learn from the locals.

An interesting society to appear during this reawakening of interest in travel and learning was the North American Clinical Dermatologic Society (NACDS), conceived by Charles Oclassen (1907-2001), and founded in 1959 by a small group of inquisitive and fun-loving American dermatologists: Charles Schmitt (Pittsburgh, PA), Marvin E. McRae (Greensboro, NC), Hollis Gerrard (Miami, FL), Royal M. Montgomery (New York, NY), Walter J. Cole (Palo Alto, CA), Charles I. Black (Baton Rouge, LA), Bedford F. Pace (Beaumont, TX), John W. Baird (Memphis, TN), and Edward Finnerty (Boston, MA) and associate members Mr. Charles O'Classen (Westwood) and Mr. Lorne Person (Person and Covey). Finnerty was the first secretary-general and primary annual meeting planner and held that position from 1960 until 1992.³² They envisioned the formation of a group of dermatologists who would emphasize education primarily focused on clinical dermatology. For their annual meetings, they would visit different

academic centers in distant locations. Initially, NACDS members traveled to different cities in North America to interact with colleagues at different university-based dermatology departments and to discover what was new and in development at the universities in the cities they visited. As long-distance air travel became more convenient, the members of the NACDS focused their attention on foreign university teaching centers and by 1966 their annual meetings were held almost exclusively in different countries in the Western Hemisphere.

Today, members travel long distances to visit specialty clinics and university departments of dermatology to discover how dermatologic care is being taught and delivered in the host country. They are able to cultivate new and lasting friendships with foreign colleagues by mutually sharing up-to-date information with each other while also enjoying new and different cultures. By 1986, most of the annual meetings have been held exclusively outside the United States.

Members of the NACDS are actually still doing what the earlier burgeoning “dermatologists/specialists” were doing in the 19th century—traveling to foreign locations to teach and learn from the experts. Now, however, the travel time to distant locations is shorter and less difficult. Since the society’s inception, it has convened its annual meetings in over 40 countries and interacted with hundreds of dermatologists around the globe. The NACDS has evolved into the invitation-only premier traveling dermatologic organization that it is today, unique in its scope. The membership includes approximately 250 dermatologists and invited colleagues primarily from North America, many of whom have faculty teaching appointments and have served in leadership positions in other well-known US- and foreign-based dermatologic associations, including past presidents of the American Dermatological Association, American Academy of Dermatology, and the European Academy of Dermatology and Venereology. The official journal for the NACDS is *SKINmed*.

International Society for Dermatologic Surgery

Almost two decades later, as dermatologic surgery assumed a more prominent role in the practice of dermatology, especially in the United States, the International Society for Dermatologic Surgery (ISDS) was founded in 1978 in Marrakesh, Morocco, by a group of multinational courageous dermatologists who dared to perform a wide range of different surgeries on the skin: Robert Baran (France); Alain Bezolla (Italy); Francisco Camacho (Spain); Sergio Chementi (Italy); Felipe Dulanto (Spain); Eckart Haneke (Germany); Antonio Picoto (Portugal); George Popkin (USA); Pierre Rabineau (France); Perry Robins (USA); and Bernard Tapineaux (Switzerland). The ISDS was founded on the premise that dermatologists from anywhere in the world should be able to learn basic and advanced, standard and innovative surgical techniques from each other.

The ISDS was organized in response to a need for a worldwide forum for dermatologists from all parts of the world to

learn and improve their surgical skills so that they could continue to offer expert surgical treatment to their patients. In addition, the ISDS brings together recognized experts in dermatologic surgery for the improvement and standardization of training programs in dermatologic surgery worldwide. Scientific meetings of the Society are held twice a year in different parts of the globe, providing means for keeping its members up to date with the latest developments and rapid changes in dermatologic and cosmetic surgery. Physicians from as many as 62 countries attend, sharing their expertise in new surgical procedures and research with seasoned colleagues and neophyte dermatologic surgeons to promote more effective ways to treat skin conditions and foster international friendships with world leaders during the scientific and social activities. The official publication for the ISDS is *Dermatologic Surgery*, while a quarterly bulletin and a regularly published newsletter are also posted on the ISDS website.

International Academy of Cosmetic Dermatology

A more recent organization, the International Academy of Cosmetic Dermatology (IACD), was founded in 1995 by Lawrence Parish, Larry Millikan, Anthony Benedetto, and Torello Lotti to foster a better understanding of the concepts of cosmetic dermatology through its publications, regional forums, and world congresses. Its mission is to join together the various groups interested in the well-being of dermatologic patients, ranging from the dermatologist to the cosmetic scientist in industry, as well as the researcher and the patient advocate. The world congresses and regional forums of the IACD provide an interchange of the most up-to-date information about cosmetic dermatology and other aspects of the diagnosis, treatment, and prevention of skin disease, while bringing together physicians and scientists interested in this ever-expanding field of medicine.

The IACD provides its members with access to its three official journals: *Clinics in Dermatology*; *Journal of Cosmetic Dermatology*; and *SKINmed: Dermatology for the Clinician*. The IACD, with headquarters in Philadelphia, has an international membership from around the world and is a constituent member of the International League of Dermatologic Societies.

European Society of Cosmetic and Aesthetic Dermatology

The European counterpart to the IACD is the European Society of Cosmetic and Aesthetic Dermatology (ESCAD), a sister society of the European Academy of Dermatology and Venereology (EADV). Founded in 1997, Pierre André, Leonardo Marini, and Christopher Rowland Payne conceived of a scientific society that would bring together those clinical and academic dermatologists specializing in the therapeutic techniques of cosmetic dermatology and research scientists working

in the pharmaceutical, antiaging, and cosmetic areas. ESCAD meetings and continuing educational programs are conducted primarily in Europe, while IACD activities take place worldwide. There is a scientific session of ESCAD during the annual EADV Meeting.

As the specialty of dermatology expanded and diversified, many other regional, national, and international societies were founded, for example, the International Academy of Pathology, founded in 1906, the International Society of Pediatric Dermatology, founded in 1973, and the Dowling Club, founded in 1947. All of these and similar international dermatologic societies encourage distant travel, provide teaching by experts from around the world, promote learning between established and neophyte physicians, and foster professional cooperation between its members, solidifying new friendships in the world of dermatology.

Cybertechnology: Twenty-first century

With the introduction of computers and the Internet, the landscape of global interaction and communication has been forever changed. Travel to distant locations may become superfluous and virtually unnecessary. The invention of the World Wide Web in 1989 by Sir Tim Berners-Lee (1955-) has standardized telecommunications around the world with inexhaustible possibilities of innovative ways to communicate with each other. Some of these innovative ways of teaching are currently found in the form of podcasts and webinars, which have revolutionized the way we learn and keep up-to-date with new information.

A podcast is a digital audio file made available on the Internet for downloading either to a computer or a personal digital mobile device (eg, an iPod or MP3 player). It is an audio show usually broadcast across a series of episodes. The term, coined in 2004, comes from a combination of the words iPod (a personal digital audio player made by Apple) and broadcasting. Access to a podcast is usually via application software (or "app", for short), such as iTunes for Apple or Google Play! for Windows.³³

There are many podcasts in dermatology that physicians and physician extenders (physician assistants and nurse practitioners) can listen to at a convenient time or at leisure through the auspices of their professional societies. A very popular podcast sponsored by the American Academy of Dermatology is "Dialogues in Dermatology." A monthly subscription to this podcast includes interview segments with experts on a specific topic for a total of 36 podcasts a year (3 interviews/month, 12 times/year). Also included are online quizzes to test one's knowledge and access to interview transcripts and the editor-in-chief's commentary on each podcast. There are many other podcasts for dermatologists too numerous to list here. One only needs to perform an Internet search for "podcasts for dermatology" to find a list of innumerable choices. Some are sponsored by journals (*Journal of Drugs in Dermatology [JDD]*), academic institutions, or commercial websites like *Medscape*.

Another cybertechnical advancement especially made for teaching is the webinar. This is a live, interactive seminar conducted over the World Wide Web, allowing participants in different locations anywhere in the world to see and hear the presenter in real time, ask questions, and sometimes answer polls; however, webinars can also be downloaded and viewed at a later time without the personal interactive capabilities. These types of programs are used mostly for information exchange and instructional teaching, which make webinars adaptable for online distance e-learning at schools and universities where permitted. Webinars obviate the need for the live physical presence in a traditional classroom or seminar setting. Webinars function as virtual learning experiences.

Recently, Leonardo Marini, a dermatologist from Trieste, Italy, conceived of a uniquely interactive cyber-congress for cosmetic dermatology, *Cosmexchange*. It is an innovation in advanced scientific communication that provides a virtual environment of advanced learning from world experts in cosmetic dermatology, focusing on the hottest topics in cosmetics, surgical procedures, esthetic products, lasers, and other devices. He created a way for physicians to learn and improve their surgical skills through a personal electronic device from anywhere at any time.

The first *Cosmexchange* was held in Trieste in February 2015. This international, interactive webinar was viewed by more than 2000 registrants from 20 countries worldwide, who viewed 100 faculty presenters on their personal devices during 18 sessions, which took place over 3 days. The most interesting and innovative aspect of the meeting was that not all the faculty presenters were on site in the congress hall in Trieste! About 20 of them were either at home or at their office, clinic, or elsewhere in different time zones around the world, including North America (USA, Canada, and Mexico) the EU, the Middle East (Dubai, Lebanon, Kuwait, and Israel), South America, China, and Thailand. Registered attendees could decide whether to attend the congress onsite in Trieste or online, by viewing the sessions in real time, off-site in a relaxed fashion and in comfortable surroundings. Only 100 attendees were allowed on site, and the rest participated from cyberspace. Questions from the virtual audience were free flowing and dynamic, with access to the scientific sessions being available to all registrants for 1 year. A second *Cosmexchange* was held in February 2017 and the third *Cosmexchange Congress* is occurring in February 2019.

Conclusions

What would our pre-20th-century forefathers have said about this strange way to obtain instruction on what's new in dermatology without having to travel long distances by land or rough seas? In addition, with the introduction of teledermatology whereby patients can be seen and examined online in real time, diagnosing and treating a skin problem can be accomplished now from great distances. But can the experience of viewing patients on a monitor in real time supplant the

existential experience of face-to-face viewing and physically examining a patient? Will the virtual practice of medicine be as accurate and as fulfilling as it is now, when we can interact with patients in person? Do student doctors need to be in the presence of a patient to learn about his or her skin disease? Will dermatology residents be able to learn their profession in their living room, kitchen, or bedroom without having to leave their homes? How will physicians and dermatologists care for their patients in the future? Will they all accomplish this through cyberspace? Only time will tell.

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